

TEFAP COMMODITIES INVENTORY

Instructions: Refer to page four for instructions to complete this form.

Name - Agency							Grant Order Number	
Address - Agency Street				City		Zip Code	Month / Year	
A.	TEFAP COMMODITY							
	Item Code							
	Pack Size							
B.	Full cases on hand beginning of month							
C.	Cases received this month from state (from PI-1412)							
D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per PI-1412							
	2. Overage (Shortage) (line G1 - C)							
A.	TEFAP COMMODITY							
	Item Code							
	Pack Size							
B.	Full cases on hand beginning of month							
C.	Cases received this month from state (from PI-1412)							
D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per PI-1412							
	2. Overage (Shortage) (line G1 - C)							

Section H. NON-USDA FOOD / NON-FOOD ITEMS		
Total pounds distributed.		
	Monthly	Year-to Date

A.	TEFAP COMMODITY							
	Item Code							
	Pack Size							
B.	Full cases on hand beginning of month							
C.	Cases received this month from state (from PI-1412)							
D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per PI-1412							
	2. Overage (Shortage) (line G1 - C)							
A.	TEFAP COMMODITY							
	Item Code							
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D.	Full cases available (add lines B + C)							
E.	Total cases distributed this month							
F.	Total cases on hand (subtract line D - E) *							
G.	1. Cases delivered per PI-1412							
	2. Overage (Shortage) (line G1 - C)							

* This number will be carried over to line B on next month's report.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-2003 (Rev. 07/2001)

STATE OF WISCONSIN

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Name of county:						
Total number of meals served for each county in your service area this month?						
Number of: Adults -	Children -		Total Meals -			
Total number of Households served from each pantry in your service area this month?						
Number of: Adults -	Children -		Total Households -			

I certify that TEFAP Commodities have been distributed in accordance with the standards specified in the contract.

SIGNATURE - Authorized Program Representative

Title

Date Signed

INSTRUCTIONS FOR COMPLETING CFS-2003

Please complete form CFS-2003, Inventory of TEFAP Commodities, at the end of each month. **By the 15th of the following month, return one copy with original signature to:**

**Department of Health and Family Services
Division of Children and Family Services
Hunger Prevention Programs
1 West Wilson Street
P.O. Box 8916
Madison, WI 53708-8916**

- Line A Enter TEFAP commodity, specifying size of package / can if not already indicated on form.
- Line B Fill in the actual number of cases of each TEFAP commodity on hand from the previous month. This number will be the same as line F on previous months report.
- Line C Fill in the actual number of cases of each TEFAP commodity received.
- Line D Add the amounts shown on line B and C for each commodity and enter the total.
- Line E Fill in the actual number of cases of each TEFAP commodity distributed this month to all soup kitchens, shelters, and pantries.
- Line F Subtract line E from D to determine actual number of cases of each commodity on hand the last day of the month. **A physical count must be conducted to ensure accuracy.**
- Line G A copy of the invoice indicates the amount of cases received. Enter that amount in GI. If you received less than what is stated on the PI-1412 invoice, enter that number on this line and describe the difference in the section below.
- Section H Fill in actual pounds of non-USDA food and non-food items distributed by the EFO and / or its sites for the current month and year-to-date.

Enter the **TOTAL** number of **meals** served by this soup kitchens and shelters for **each county** in your service area.

Enter the **TOTAL** number of **households**, adults and children served at all pantries for each county in your service area.

Original signature of authorized program representative is **required** on each report.

Explain each overage and / or shortage for this month. Use additional paper if necessary.